



ANNUAL STATEMENT
For the Year Ending December 31, 2009
OF THE CONDITION AND AFFAIRS OF THE
HEALTH RIGHT, INC.

NAIC Group Code	0000 (Current Period)	,	0000 (Prior Period)	NAIC Company Code	95787	Employer's ID Number	52-2011721
Organized under the Laws of	District of Columbia			State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]		
Incorporated/Organized	11/01/1996			Commenced Business	05/01/1998		
Statutory Home Office	1101 14th Street, N.W. Suite 900 (Street and Number)				Washington, DC 20005 (City or Town, State and Zip Code)		
Main Administrative Office				1101 14th Street (Street and Number)			
	Washington, DC 20005 (City or Town, State and Zip Code)				(202)218-0373 (Area Code) (Telephone Number)		
Mail Address	1101 14th Street, N.W. Suite 900 (Street and Number or P.O. Box)				Washington, DC 20005 (City or Town, State and Zip Code)		
Primary Location of Books and Records				1101 14th Street, N.W. Suite 900 (Street and Number)			
	Washington, DC 20005 (City or Town, State and Zip Code)				(202)218-0373 (Area Code) (Telephone Number)		
Internet Website Address	www.healthright-dc.com						
Statutory Statement Contact	Donna Marie Carris (Name)				(202)218-0373-120 (Area Code)(Telephone Number)(Extension)		
	donna.carris@healthright-dc.com (E-Mail Address)				(202)218-0381 (Fax Number)		

OFFICERS

Name	Title
Vincent Augustine Keane	Chairman
Donna Marie Carris	Chief Executive Officer
0 0 0	0

OTHERS

DIRECTORS OR TRUSTEES

Marlene Kelley
Richard Clayton Bohrer

Charles Kenneth Barber
Roberta Miliman #

State of District of Columbia
County of ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Vincent Augustine Keane	Donna Marie Carris	0
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman	Chief Executive Officer	0
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 26th day of February, 2010

a. Is this an original filing? Yes[X] No[]

b. If no, 1. State the amendment number

2. Date filed

3. Number of pages attached

(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D)				
2.1	Preferred stocks				
2.2	Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....(231,225) Schedule E Part 1), cash equivalents (\$.....23,316,000 Schedule E Part 2) and short-term investments (\$.....5,110,877 Schedule DA)	28,195,652		28,195,652	28,926,117
6.	Contract loans (including \$.....0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	28,195,652		28,195,652	28,926,117
11.	Title plants less \$.....0 charged off (for Title insurers only)				
12.	Investment income due and accrued				
13.	Premiums and considerations:				
13.1	Uncollected premiums and agents' balances in the course of collection				
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
13.3	Accrued retrospective premiums				
14.	Reinsurance:				
14.1	Amounts recoverable from reinsurers				124,270
14.2	Funds held by or deposited with reinsured companies				
14.3	Other amounts receivable under reinsurance contracts	304,527		304,527	
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon	3,166,034		3,166,034	2,652,912
16.2	Net deferred tax asset	129,072	129,072		465,951
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	956,164	731,164	225,000	6,318
19.	Furniture and equipment, including health care delivery assets (\$.....0)	158,540	158,540	0	97,250
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates	1,081,600		1,081,600	1,622,400
22.	Health care (\$.....0) and other amounts receivable				3,273,337
23.	Aggregate write-ins for other than invested assets	1,242,356	250,954	991,402	
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	35,233,945	1,269,730	33,964,215	37,168,555
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	35,233,945	1,269,730	33,964,215	37,168,555
DETAILS OF WRITE-INS					
0901.	0				
0902.	0				
0903.	0				
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	DC Income Tax Receivable	671,800		671,800	
2302.	Other Prepaid Expenses	246,754	246,754		
2303.	Deposits	4,200	4,200		
2398.	Summary of remaining write-ins for Line 23 from overflow page	319,602		319,602	
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,242,356	250,954	991,402	

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	24,975,548		24,975,548	26,369,885
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	612,000		612,000	401,311
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	1,143,605		1,143,605	885,301
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	149,041		149,041	10,000
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$.....0 current)				
22.	TOTAL Liabilities (Lines 1 to 21)	26,880,194		26,880,194	27,666,497
23.	Aggregate write-ins for special surplus funds	X X X	X X X		
24.	Common capital stock	X X X	X X X	1,651,000	1,651,000
25.	Preferred capital stock	X X X	X X X		
26.	Gross paid in and contributed surplus	X X X	X X X		
27.	Surplus notes	X X X	X X X		
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
29.	Unassigned funds (surplus)	X X X	X X X	6,733,022	9,151,058
30.	Less treasury stock, at cost:				
30.10 shares common (value included in Line 24 \$.....0)	X X X	X X X	1,300,000	1,300,000
30.20 shares preferred (value included in Line 25 \$.....0)	X X X	X X X		
31.	TOTAL Capital and Surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	7,084,022	9,502,058
32.	TOTAL Liabilities, Capital and Surplus (Lines 22 and 31)	X X X	X X X	33,964,216	37,168,555
DETAILS OF WRITE-INS					
2101.				
2102.				
2103.				
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2301.	X X X	X X X		
2302.	X X X	X X X		
2303.	X X X	X X X		
2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	X X X	X X X		
2802.	X X X	X X X		
2803.	X X X	X X X		
2898.	Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	452,668	458,591
2.	Net premium income (including \$.....0 non-health premium income)	X X X	106,684,352	99,962,821
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	106,684,352	99,962,821
Hospital and Medical:				
9.	Hospital/medical benefits		67,893,892	65,777,386
10.	Other professional services		23,247,838	26,336,487
11.	Outside referrals			
12.	Emergency room and out-of-area		2,537,314	1,172,657
13.	Prescription drugs		7,862,480	5,822,696
14.	Aggregate write-ins for other hospital and medical		18,906	63,589
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		101,560,429	99,172,814
Less:				
17.	Net reinsurance recoveries		147,280	124,270
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		101,413,149	99,048,544
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....127,605 cost containment expenses		564,758	401,311
21.	General administrative expenses		8,482,710	6,309,026
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		110,460,617	105,758,881
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(3,776,265)	(5,796,059)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		75,815	968,446
26.	Net realized capital gains (losses) less capital gains tax of \$.....0			
27.	Net investment gains (losses) (Lines 25 plus 26)		75,815	968,446
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(3,700,450)	(4,827,613)
31.	Federal and foreign income taxes incurred	X X X	(1,393,884)	(877,989)
32.	Net income (loss) (Lines 30 minus 31)	X X X	(2,306,566)	(3,949,624)
DETAILS OF WRITE-INS				
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	Transportation		9,960	40,632
1402.	Translation		8,946	22,957
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		18,906	63,589
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	9,502,058	15,164,310
34.	Net income or (loss) from Line 32	(2,306,566)	(3,949,624)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	(354,469)	379,072
39.	Change in nonadmitted assets	(322,816)	(946,914)
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		(773,195)
47.	Aggregate write-ins for gains or (losses) in surplus	565,816	(371,591)
48.	Net change in capital and surplus (Lines 34 to 47)	(2,418,035)	(5,662,252)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	7,084,023	9,502,058
DETAILS OF WRITE-INS			
4701.	Adjustments to annual filing pursuant to subsequent audit	565,816	(371,591)
4702.		
4703.		
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	565,816	(371,591)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	106,379,825	99,962,821
2.	Net investment income	75,815	968,446
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	106,455,640	100,931,267
5.	Benefit and loss related payments	99,837,339	94,759,555
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	8,446,458	7,662,289
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(863,172)	2,652,912
10.	Total (Lines 5 through 9)	107,420,625	105,074,756
11.	Net cash from operations (Line 4 minus Line 10)	(964,985)	(4,143,489)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		773,195
16.6	Other cash provided (applied)	234,521	
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	234,521	(773,195)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(730,465)	(4,916,684)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	28,926,117	33,842,801
19.2	End of year (Line 18 plus Line 19.1)	28,195,652	28,926,117

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	106,684,352	43,054,137						56,490,517	7,139,698	
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	106,684,352	43,054,137						56,490,517	7,139,698	
8.	Hospital/medical benefits	67,893,892	27,481,315						35,980,804	4,431,774	X X X
9.	Other professional services	23,247,838	11,701,717						10,833,281	712,840	X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area	2,537,314	1,129,730						1,347,130	60,454	X X X
12.	Prescription drugs	7,862,480	764,791						7,097,688		X X X
13.	Aggregate write-ins for other hospital and medical	18,906	2,541						15,620	745	X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	101,560,429	41,080,094						55,274,523	5,205,812	X X X
16.	Net reinsurance recoveries	147,280	17,568						84,645	45,067	X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	101,413,149	41,062,526						55,189,878	5,160,745	X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....127,605 cost containment expenses	564,758	306,372						248,386	10,000	
20.	General administrative expenses	8,482,710	3,658,726						4,178,441	645,543	
21.	Increase in reserves for accident and health contracts										X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	110,460,617	45,027,623						59,616,705	5,816,288	
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(3,776,265)	(1,973,486)						(3,126,188)	1,323,410	
DETAILS OF WRITE-INS											
0501.										X X X
0502.										X X X
0503.										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	Transporation	9,960	981						8,235	745	X X X
1302.	Translation	8,946	1,561						7,385		X X X
1303.										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	18,906	2,541						15,620	745	X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical)	43,054,137			43,054,137
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid	56,490,517			56,490,517
8.	Other health	7,139,698			7,139,698
9.	Health subtotal (Lines 1 through 8)	106,684,352			106,684,352
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	106,684,352			106,684,352

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	102,954,766	41,782,440						55,872,015	5,300,311	
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	147,280	17,568						84,645	45,067	
1.4 Net	102,807,486	41,764,872						55,787,370	5,255,244	
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	24,975,548	10,567,347						13,059,200	1,349,000	
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	24,975,548	10,567,347						13,059,200	1,349,000	
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	26,369,885	12,365,542						12,380,062	1,624,281	
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	26,369,885	12,365,542						12,380,062	1,624,281	
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	101,560,429	39,984,245						56,551,153	5,025,030	
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	147,280	17,568						84,645	45,067	
12.4 Net	101,413,149	39,966,677						56,466,508	4,979,963	
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	502,548	61,347						441,200		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	502,548	61,347						441,200		
2. Incurred but Unreported:										
2.1 Direct	24,473,000	10,506,000						12,618,000	1,349,000	
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	24,473,000	10,506,000						12,618,000	1,349,000	
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	24,975,548	10,567,347						13,059,200	1,349,000	
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	24,975,548	10,567,347						13,059,200	1,349,000	

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	12,704,668	29,009,711	128,882	10,438,465	12,833,550	12,365,542
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	10,541,716	45,304,562	58,083	13,001,147	10,599,799	12,380,062
8.	Other health	1,262,187	3,984,642	8,310	1,340,690	1,270,497	1,624,281
9.	Health subtotal (Lines 1 to 8)	24,508,571	78,298,915	195,275	24,780,303	24,703,846	26,369,885
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	24,508,571	78,298,915	195,275	24,780,303	24,703,846	26,369,885

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	18,079	18,110	18,110	18,159	18,159
2.	2005	18,093	21,123	24,139	24,638	24,638
3.	2006	X X X	37,310	70,202	76,925	76,946
4.	2007	X X X	X X X	51,061	63,145	63,409
5.	2008	X X X	X X X	X X X	69,844	94,177
6.	2009	X X X	X X X	X X X	X X X	83,521

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	18,079	18,110	18,110	18,159	18,159
2.	2005	18,093	21,123	24,139	24,638	24,638
3.	2006	X X X	38,463	70,201	76,925	76,946
4.	2007	X X X	X X X	51,061	63,211	63,906
5.	2008	X X X	X X X	X X X	71,402	100,845
6.	2009	X X X	X X X	X X X	X X X	101,330

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005		24,638	111	0.450	24,749				24,749	
2.	2006	89,608	76,946	243	0.315	77,189	86.140			77,189	86.140
3.	2007	99,120	63,409	443	0.699	63,852	64.419	497		64,349	64.921
4.	2008	92,974	94,177	436	0.463	94,613	101.763	6,668	61	101,342	109.000
5.	2009	106,685	83,521	454	0.544	83,975	78.713	17,809	551	102,335	95.923

12 Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X	7,162	14,294	14,531	14,534
4.	2007	X X X	X X X	36,052	43,008	43,098
5.	2008	X X X	X X X	X X X	34,716	47,339
6.	2009	X X X	X X X	X X X	X X X	32,837

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X	7,162	14,294	14,531	14,534
4.	2007	X X X	X X X	36,052	43,008	43,203
5.	2008	X X X	X X X	X X X	34,716	49,966
6.	2009	X X X	X X X	X X X	X X X	40,672

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006	26,171	14,534	115	0.794	14,649	55.976			14,649	55.976
3.	2007	59,287	43,098	223	0.516	43,321	73.069	105		43,426	73.246
4.	2008	48,024	47,339	221	0.467	47,560	99.034	2,627	26	50,213	104.558
5.	2009	43,054	32,837	241	0.735	33,078	76.830	7,835	237	41,150	95.578

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Medicare Supplement
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006										
3.	2007										
4.	2008										
5.	2009										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Dental Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006										
3.	2007										
4.	2008										
5.	2009										

12 Dental Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Vision Only

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006										
3.	2007										
4.	2008										
5.	2009										

12 Vision Only

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Federal Employees Health Benefits Plan Premiums
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006										
3.	2007										
4.	2008										
5.	2009										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XVIII - Medicare
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006										
3.	2007										
4.	2008										
5.	2009										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	18,079	18,110	18,110	18,159	18,159
2.	2005	18,093	21,123	24,139	24,638	24,638
3.	2006	X X X	30,148	54,118	60,583	60,597
4.	2007	X X X	X X X	9,552	12,116	12,260
5.	2008	X X X	X X X	X X X	30,170	40,618
6.	2009	X X X	X X X	X X X	X X X	46,579

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	18,079	18,110	18,110	18,159	18,159
2.	2005	18,093	21,123	24,139	24,638	24,638
3.	2006	X X X	30,148	54,118	60,583	60,597
4.	2007	X X X	X X X	9,552	12,116	12,639
5.	2008	X X X	X X X	X X X	30,170	44,403
6.	2009	X X X	X X X	X X X	X X X	55,474

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005		24,638	111	0.450	24,749				24,749	
2.	2006	35,766	60,597	127	0.210	60,724	169.782			60,724	169.782
3.	2007	39,833	12,260	149	1.215	12,409	31.152	379		12,788	32.104
4.	2008	44,950	40,618	194	0.478	40,812	90.795	3,785	32	44,629	99.287
5.	2009	56,491	46,579	205	0.440	46,784	82.816	8,895	283	55,962	99.063

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X		1,790	1,811	1,815
4.	2007	X X X	X X X	5,457	8,021	8,051
5.	2008	X X X	X X X	X X X	4,958	6,220
6.	2009	X X X	X X X	X X X	X X X	4,105

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior					
2.	2005					
3.	2006	X X X	1,153	1,789	1,811	1,815
4.	2007	X X X	X X X	5,457	8,087	8,064
5.	2008	X X X	X X X	X X X	6,516	6,476
6.	2009	X X X	X X X	X X X	X X X	5,184

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2005										
2.	2006	27,671	1,815	0	0.002	1,815	6.559			1,815	6.559
3.	2007		8,051	72	0.892	8,123		13		8,136	
4.	2008		6,220	21	0.334	6,241		256	3	6,500	
5.	2009	7,140	4,105	8	0.196	4,113	57.606	1,079	31	5,223	73.152

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0) for investment income									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)									
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)	18,212	62,390	534,919		615,521
2.	Salaries, wages and other benefits	51,882	177,739	3,391,907		3,621,528
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4.	Legal fees and expenses			247,203		247,203
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services			493,789		493,789
7.	Traveling expenses			81,664		81,664
8.	Marketing and advertising			340,486		340,486
9.	Postage, express and telephone			163,610		163,610
10.	Printing and office supplies			232,645		232,645
11.	Occupancy, depreciation and amortization					
12.	Equipment					
13.	Cost or depreciation of EDP equipment and software			132,019		132,019
14.	Outsourced services including EDP, claims, and other services	57,511	197,023	1,916,639		2,171,174
15.	Boards, bureaus and association fees			90,713		90,713
16.	Insurance, except on real estate			110,660		110,660
17.	Collection and bank service charges			8,507		8,507
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes					
23.2	State premium taxes					
23.3	Regulator authority licenses and fees			3,600		3,600
23.4	Payroll taxes			257,886		257,886
23.5	Other (excluding federal income and real estate taxes)			66,523		66,523
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses			409,940		409,940
26.	TOTAL Expenses Incurred (Lines 1 to 25)	127,605	437,153	8,482,710		(a) 9,047,468
27.	Less expenses unpaid December 31, current year			1,143,605		1,143,605
28.	Add expenses unpaid December 31, prior year			885,301		885,301
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	127,605	437,153	8,224,407		8,789,165
DETAILS OF WRITE-INS						
2501.	Credentialing			33,118		33,118
2502.	Management Fees			240,800		240,800
2503.	Contributions			39,873		39,873
2598.	Summary of remaining write-ins for Line 25 from overflow page			96,149		96,149
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			409,940		409,940

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)
1.1	Bonds exempt from U.S. tax	(a)
1.2	Other bonds (unaffiliated)	(a)
1.3	Bonds of affiliates	(a)
2.1	Preferred stocks (unaffiliated)	(b)
2.11	Preferred stocks of affiliates	(b)
2.2	Common stocks (unaffiliated)
2.21	Common stocks of affiliates
3.	Mortgage loans	(c)
4.	Real estate	(d)
5.	Contract loans
6.	Cash, cash equivalents and short-term investments	(e) 75,815	75,815
7.	Derivative instruments	(f)
8.	Other invested assets
9.	Aggregate write-ins for investment income
10.	Total gross investment income	75,815	75,815
11.	Investment expenses	(g)	
12.	Investment taxes, licenses and fees, excluding federal income taxes	(g)	
13.	Interest expense	(h)	
14.	Depreciation on real estate and other invested assets	(i)	
15.	Aggregate write-ins for deductions from investment income	
16.	Total deductions (Lines 11 through 15)	
17.	Net Investment income (Line 10 minus Line 16)	75,815	
DETAILS OF WRITE-INS			
0901.
0902.
0903.
0998.	Summary of remaining write-ins for Line 9 from overflow page
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)
1501.
1502.
1503.
1598.	Summary of remaining write-ins for Line 15 from overflow page
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)
(a) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued interest on purchases.			
(b) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued dividends on purchases.			
(c) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued interest on purchases.			
(d) Includes \$.0 for company's occupancy of its own buildings; and excludes \$.0 interest on encumbrances.			
(e) Includes \$.0 accrual of discount less \$.0 amortization of premium and less \$.0 paid for accrued interest on purchases.			
(f) Includes \$.0 accrual of discount less \$.0 amortization of premium.			
(g) Includes \$.0 investment expenses and \$.0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.0 interest on surplus notes and \$.0 interest on capital notes.			
(i) Includes \$.0 depreciation on real estate and \$.0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds
1.1	Bonds exempt from U.S. tax
1.2	Other bonds (unaffiliated)
1.3	Bonds of affiliates
2.1	Preferred stocks (unaffiliated)
2.11	Preferred stocks of affiliates
2.2	Common stocks (unaffiliated)
2.21	Common stocks of affiliates
3.	Mortgage loans
4.	Real estate
5.	Contract loans
6.	Cash, cash equivalents and short-term investments
7.	Derivative instruments
8.	Other invested assets
9.	Aggregate write-ins for capital gains (losses)
10.	Total capital gains (losses)
DETAILS OF WRITE-INS						
0901.
0902.
0903.
0998.	Summary of remaining write-ins for Line 9 from overflow page
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
13.1	Uncollected premiums and agents' balances in the course of collection			
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
13.3	Accrued retrospective premiums			
14.	Reinsurance:			
14.1	Amounts recoverable from reinsurers			
14.2	Funds held by or deposited with reinsured companies			
14.3	Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset	129,072	17,590	(111,482)
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software	731,164		(731,164)
19.	Furniture and equipment, including health care delivery assets	158,540	114,428	(44,112)
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable		814,896	814,896
23.	Aggregate write-ins for other than invested assets	250,954		(250,954)
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	1,269,730	946,914	(322,816)
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	1,269,730	946,914	(322,816)
DETAILS OF WRITE-INS				
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301.	0			
2302.	Prepaid Expense	246,754		(246,754)
2303.	Deposits	4,200		(4,200)
2398.	Summary of remaining write-ins for Line 23 from overflow page			
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	250,954		(250,954)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	38,906	36,779	37,503	38,368	39,314	452,668
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	38,906	36,779	37,503	38,368	39,314	452,668
DETAILS OF WRITE-INS							
0601.						
0602.						
0603.						
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

HEALTH RIGHT, INC.

Notes To Financial Statement

Note 1. **Summary of Significant Accounting Policies**

- A. Accounting Practices** - The accompanying financial statements of Health Right, Inc. (HRI) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia's Department of Insurance and Securities Regulations (DISR).
- The District of Columbia Department of Insurance and Securities Regulations recognizes only statutory accounting practices prescribed or permitted by the District of Columbia for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective March 2005 (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the District of Columbia.
- B. Use of Estimates in the Preparation of the Financial Statements** – The preparation of financial statements in conformity with the NAIC Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- C. Accounting Policy** – HRI records premium revenues based on its membership records. Premiums are due monthly and are recognized as revenue during the period in which HRI is obliged to provide service to members.

In addition, HRI uses the following accounting policies:

- 1) Short-term investments consist of readily marketable securities with maturities greater than three months but less than one year at the time of purchase.
- 2) None.
- 3) Unpaid claims and loss adjustment expenses include an amount determined from individual case estimates and claim reports and an amount, based on past experience, for claims incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- 4) HRI has not modified its capitalization policy from the prior period.

Note 2. **Accounting Changes and Corrections of Errors**

None.

Note 3. **Business Combinations and Goodwill**

None.

Note 4. **Discontinued Operations**

None.

Notes to Financial Statements

Note 5. Investments

Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities Repurchase Agreements, or Real Estate – None.

Note 6. Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7. Investment Income

HRI reports only investment income that is earned as due and accrued.

Note 8. Derivative Instruments

None.

Note 9. Income Taxes

	December 31, 2009	December 31, 2008	Change
Total gross deferred tax assets (admitted and nonadmitted)	589,803	483,541	106,262
Valuation allowance	(328,806)		(328,806)
Total adjusted gross deferred tax assets (admitted and nonadmitted)	260,997	483,541	(222,544)
Total deferred tax liabilities	(131,925)	0	(131,925)
Net adjusted deferred tax assets	129,072	483,541	(354,469)
Total deferred tax assets nonadmitted in accordance with SSAP No. 10R, Income Taxes	(129,072)	(17,590)	(111,482)
Net admitted deferred tax asset	(0)	465,951	(465,951)

The Company has not elected to admit deferred tax assets pursuant to SSAP 10R paragraph 10. e. for 2009
For 2009, the Company determined a valuation allowance of 328,806 was necessary.
For 2008, under SSAP No. 10, there was no statutory requirement to establish a valuation allowance.

- B. The Company has not recognized DTL's for the following:
- 1. N/A
 - 2. N/A
 - 3. N/A
 - 4. N/A

C. Current income taxes incurred consist of the following major components

	2009	2008
Federal tax on operations	(1,218,675)	(1,272,150)
Federal tax on realized gains (losses)	0	0
Foreign tax		
Prior year taxes	(175,209)	0
Federal and foreign income taxes incurred	(1,393,884)	(1,272,150)

The main components of the 2008 deferred tax amounts are as follows:

	Statutory	Tax	Difference	Tax Effect
DTAs				
Losses and Loss Adjustment Expenses	25,587,548	25,083,422	504,126	171,403
Charitable Contributions Carryforward	0	(89,931)	89,931	30,577
Nonadmitted assets	0	(1,140,658)	1,140,658	387,823
Total DTAs	25,587,548	23,852,833	1,734,715	589,803
Valuation Allowance				(328,806)
Adjusted DTAs				260,997
DTAs nonadmitted				(129,072)
Admitted DTAs				131,925
DTLs				
Section 481 Adjustment--Loss Reserve Discounting	0	(388,015)	388,015	131,925
Total DTLs	0	(388,015)	388,015	131,925
Net admitted DTA				0

The changes in the main components of DTAs and DTLs are as follows:

	2009	2008	Change
DTAs resulting from book/tax differences in (all ordinary)			
Losses and Loss Adjustment Expenses	171,403	175,900	(4,497)
Charitable Contributions Carryforward	30,577	30,577	(0)
Nonadmitted assets	387,824	277,065	110,759
Total DTAs	589,803	483,541	106,262

Notes to Financial Statements

Valuation Allowance	(328,806)		(328,806)
Adjusted DTAs	260,997	483,541	(222,544)
DTAs not admitted	(129,072)	(17,590)	(111,482)
Gross Admitted DTAs	131,925	465,951	(334,026)

DTLs resulting from book/tax differences in	2009	2008	Change
Section 481 Adjustment--Loss Reserve Discounting	131,925	0	131,925
Total DTLs	131,925	0	131,925
Net admitted DTA	(0)	465,951	(465,951)

D. The provision for Federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory Federal income rate to income before income taxes. The significant items causing this difference are as follows:

Effective tax rate reconciliation (total of current and deferred)		
	Tax	Effective Rate
Income tax expense (benefit) computed at statutory tax rate	(1,258,153)	34.0%
Change in Valuation Allowance	328,806	-8.9%
Prior year under (over) accrual	691	0.0%
Total statutory income tax expense (benefit)	(928,656)	25.1%
Recap:	Tax	Effective Rate
Current Federal and foreign income taxes incurred per statement of income	(1,393,884)	37.7%
Deferred tax expense (benefit) related to statement of income but reflected in surplus	465,228	-12.6%
Total statutory income tax expense (benefit)	(928,656)	25.1%

Current Income tax incurred (benefit) per statement of income:	Amount	Tax Effect	Effective Rate
Net gain from operations	(3,700,450)	(1,258,153)	34.0%
Tax adjustments:			
Loss Reserve Discounting	(13,227)	(4,497)	0.1%
Section 481 Adjustment--Loss Reserve Discounting	129,338	43,975	-1.2%
Prior year under (over) accrual		(175,209)	4.7%
Total Federal taxable income and income tax incurred	(3,584,339)	(1,393,884)	37.7%

Deferred Income tax expense (benefit) in surplus:		
	Tax	Effective Rate
Change in net admitted DTA--expense or (benefit) (per 9A above)	465,951	-12.6%
Less items unrelated to statement of operations:		
Change in DTA netted against unrealized capital gains	0	0.0%
Change in DTA nonadmitted	(111,482)	3.0%
Change in DTA related to other nonadmitted assets	110,759	-3.0%
Deferred tax expense (benefit) related to statement of income	465,228	-12.6%

- E. Loss carryforwards and potential tax recoveries:
- At December 31, 2009 the company had no net operating loss carryforwards.
 - The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
 - 2009 \$0
 - 2008 \$0
 - The Company has not made any deposits under Section 6603 of the Internal Revenue Code as of December 31, 2009

- F. Federal tax allocation
- The company's federal income tax return is not consolidated with those of any other entity or entities.
 - N/A

G. A summary of the Company's adjusted admitted gross DTA calculation by component and character for the year ended December 31, 2009 as outlined in SSAP 10R is as follows:

Component	Character	
Adjusted gross deferred tax assets at enacted rate		260,997
Admitted gross deferred tax assets (para 10.a.)	N/A	0
Admitted gross deferred tax assets (para 10.b.i.)	N/A	0
Admitted gross deferred tax assets (para 10.c.)	Ordinary	131,925
Total admitted gross deferred tax assets		131,925
Nonadmitted gross deferred tax assets		129,072

Notes to Financial Statements

Note 10. Information Concerning Parent, Subsidiaries and Affiliates

- A. HRI is owned 97% by Unity Health Care, Inc. (UHC), a federally qualified health center operating in the District of Columbia.
- B. As of December 31, 2009, HRI reported \$1,081,600 as amounts due from the Parent Company, Unity Health Care. These receivables are dated within 60 days.
- C. UHC is a credentialed health care provider in HRI's provider network. For the years ended December 31, 2009 and 2008, HRI paid UHC \$5,361,486 and \$3,751,872, respectively, for providing health care to HRI's enrolled members.
- D. At December 31, 2009, HRI reported \$1,081,600 as amounts due from Unity Health Care. The terms of the settlement require that these amounts be settled within 60 days. HRI Received funds due from Unity Health Care on January 14, 2010.
- E. None.
- F. Management and Administrative Services Agreement: On January 1, 2000, HRI entered into a management and administrative service agreement with UHC to provide senior management support, medical personnel support, human resources and payroll support, and financial and accounting support. This agreement also provides the services of UHC's Executive Director and Medical Director part-time to function as the Chairman and the Medical Director of HRI. This agreement was amended in November 2008 to a cost-based contract. In accordance with the amended agreement, HRI shall reimburse UHC for the total allocated share of General and Administrative (G&A) Services. UHC shall accumulate G&A costs that benefit both HRI and UHC into a cost pool and shall allocate a fair share of the pool to HRI on a quarterly basis using direct labor as an allocation. Any services not accounted for in the G&A cost pool shall be charged to HRI at the full cost of such services, including labor, fringe, overhead, space, and any other reasonable, allocable cost of providing such services. The agreement is retroactive to June 1, 2008 and shall continue until terminated by either party, or at any time upon the mutual consent of the parties. The management fee incurred through December 31, 2009 under this agreement was \$149,374.
- G. HRI is primarily owned by UHC.
- H. None.
- I. None.
- J. None.

Note 11. Debt

None.

Note 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

HRI employees are covered by a defined contribution plan whereby contributions are matched up to 5% of each employee's compensation at the end of the each year. HRI's contribution for the plan was \$39,965 and \$36,522 for 2009 and 2008, respectively.

Note 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- 1) HRI has 1,000 shares authorized and issued and 369 shares outstanding.
- 2) HRI has no preferred stock outstanding.
- 3) Dividend restrictions – None.

Notes to Financial Statements

- 4) Ordinary dividends – None.
- 5) Restrictions on surplus – None.
- 6) Advances to surplus – None.
- 7) HRI has 631 shares of common stock held in treasury.
- 8) Changes of balance in surplus funds – None.
- 9) Unassigned funds (surplus) were reduced in as follows:
 - a) Unrealized gains and losses: \$0
 - b) Nonadmitted asset values: \$0
 - c) Separate account business: \$0
 - d) Asset valuation reserves: \$0
 - e) Provision for reinsurance: \$0
- 10) Surplus debentures or similar obligations – None.
- 11) Quasi-reorganizations – None.
- 12) Quasi-reorganizations – None.

Note 14. Contingencies

None.

Note 15. Leases

HRI entered into an office lease agreement commencing October 1, 2001 with an expiration date of September 30, 2011. The lease was amended in December 2005 for additional space, and the termination date was extended to July 31, 2013. The lease has an initial monthly payment approximating \$18,340 with an escalation of at least 2.5% per year. Rent expense incurred under the office lease for the years ended December 31, 2009 and 2008 was \$534,919 and \$423,584, respectively.

Future lease commitments under the agreement are estimated as follows:

Years ending December 31	
2010	391,443
2011	409,843
2012	420,042
2013	250,310
Total	\$ 1,471,638

Note 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None.

Note 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

Note 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None.

Note 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

Notes to Financial Statements

Note 20.	Other Items None.
Note 21.	Events Subsequent None.
Note 22.	Reinsurance HRI entered into a stop-loss insurance agreement with an insurance company to limit its losses on individual claims. Under the terms of this agreement, the insurance company will reimburse HRI approximately 90% of the cost of each member’s eligible annual hospital services and eligible medical services, in excess of \$100,000 per member, respectively; if services are performed in a “per diem” or approved fixed procedural fee hospital. In the event HRI ceases operations, plan benefits will continue for members until the end of the contract period for which premiums have been paid. Stop loss insurance premiums for 2009 and 2008 were \$831,321 and \$1,206,109, respectively. Reinsurance recoveries for the years ended December 31, 2009 and 2008 were \$147,280 and \$231,502, respectively. Uncollectible Reinsurance and Commutation of Ceded Reinsurance – None. In May 2006, HRI added a retro corridor to the reinsurance policy. In the event total eligible claims under the policy exceed 55% of the total premium due, the reinsurer will reimburse HRI an amount equal to 55% of the total premium. If total claims exceed the sum of 55% of the total premium due plus the pmpm multiplied by the annual member months, the responsibility for payment of the excess will also be of the reinsurer.
Note 23.	Retrospectively Rated Contracts & Contracts Subject to Redetermination None.
Note 24.	Change in Incurred Claims and Claim Adjustment Expenses Reserves for claim adjustment expenses are \$612,000 and \$401,311 as of December 31, 2009 and 2008, respectively, for operational procedures and a new line of business. Reserves for incurred claims attributable to insured events decreased as of December 31, 2009 by approximately \$1.4 million from the previous year.
Note 25.	Intercompany Pooling Arrangements None.
Note 26.	Structured Settlements None.
Note 27.	Health Care Receivables None.
Note 28.	Participating Policies None.
Note 29.	Premium Deficiency Reserves None.

Notes to Financial Statements

Note 30. **Anticipated Salvage and Subrogation**

None.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
District of Columbia
- 1.3 State Regulating?
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2008
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

07/07/2004
- 3.4 By what department or departments?

Department of Insurance and Securities Regulation
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[] No[] N/A[X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes[] No[X]
- 4.12 renewals?

Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes[] No[X]
- 4.22 renewals?

Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control

0.000%
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

McGladrey & Pullen LLP; 1185 Avenue of the Americas, 19th FL; New York, NY 10036
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Ernst & Young ; 5 Times Square, New York, NY 10036
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[] No[X]
- 11.11 Name of real estate holding company
- 11.12 Number of parcels involved

0
- 11.13 Total book/adjusted carrying value

\$ 0
- 11.2 If yes, provide explanation
12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[] No[X] N/A[]
- 12.3 Have there been any changes made to any of the trust indentures during the year?

Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes[] No[] N/A[X]
- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

13.11 If the response to 13.1 is No, please explain:

13.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]

13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

13.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]

13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).
- BOARD OF DIRECTORS
14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[]

15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[]

16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]
- FINANCIAL
17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.11 To directors or other officers

\$ 0

18.12 To stockholders not officers

\$ 0

18.13 Trustees, supreme or grand (Fraternal only)

\$ 0

18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

18.21 To directors or other officers

\$ 0

18.22 To stockholders not officers

\$ 0

18.23 Trustees, supreme or grand (Fraternal only)

\$ 0

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]

19.2 If yes, state the amount thereof at December 31 of the current year:

19.21 Rented from others

\$ 0

19.22 Borrowed from others

\$ 0

19.23 Leased from others

\$ 0

19.24 Other

\$ 0

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]

20.2 If answer is yes:

20.21 Amount paid as losses or risk adjustment

\$ 0

20.22 Amount paid as expenses

\$ 0

20.23 Other amounts paid

\$ 0

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 1,081,600
- INVESTMENT
- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)

Yes[X] No[]

22.2 If no, give full and complete information, relating thereto:

22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet, (an alternative is to reference Note 16 where this information is also provided)

22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[] No[] N/A[X]

22.5 If answer to 22.4 is YES, report amount of collateral

\$ 0

22.6 If answer to 22.4 is NO, report amount of collateral

\$ 0

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3).

Yes[] No[X]

23.2 If yes, state the amount thereof at December 31 of the current year:

23.21 Subject to repurchase agreements

\$ 0

23.22 Subject to reverse repurchase agreements

\$ 0

23.23 Subject to dollar repurchase agreements

\$ 0

23.24 Subject to reverse dollar repurchase agreements

\$ 0

23.25 Pledged as collateral

\$ 0

23.26 Placed under option agreements

\$ 0

23.27 Letter stock or securities restricted as to sale

\$ 0

23.28 On deposit with state or other regulatory body

\$ 0

23.29 Other

\$ 0

23.3 For category (23.27) provide the following:
- | 1 | 2 | 3 |
|-----------------------|-------------|--------|
| Nature of Restriction | Description | Amount |
| | | |
- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

If no, attach a description with this statement.

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

25.2 If yes, state the amount thereof at December 31 of the current year.

\$ 0

26.1

GENERAL INTERROGATORIES (Continued)

26. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?
- 26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

1 Name of Custodian(s)	2 Custodian's Address
Sun Trust Bank	1445 New York Ave, NW, Washington, DC 20005-2158

- 26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?
- 26.04 If yes, give full and complete information relating thereto:
- Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

- 26.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
6271	Sun Trust Capital Markets	303 Peachtree Street, N.E., Mail Code 0669 Floor 36 Atlanta, GA 30308

- 27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?
- 27.2 If yes, complete the following schedule:
- Yes[] No[X]

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 Total

- 27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds
28.2 Preferred stocks
28.3 Totals

- 28.4 Describe the sources or methods utilized in determining the fair values
- 0

- 29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
- 29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?
- 29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- Yes[X] No[]
- Yes[] No[X] N/A[]

- 30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
- 30.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES (Continued)
OTHER

31.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

\$..... 0

1 Name	2 Amount Paid
.....

32.1 Amount of payments for legal expenses, if any?

32.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

\$..... 225,050

1 Name	2 Amount Paid
Feldesman, Tucker, Leifer & Fidell LLP 132,398

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

33.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

\$..... 0

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies - Most current three years:

1.61 Total premium earned

\$ 0

1.62 Total incurred claims

\$ 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 Total premium earned

\$ 0

1.65 Total incurred claims

\$ 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 Total premium earned

\$ 0

1.72 Total incurred claims

\$ 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 Total premium earned

\$ 0

1.75 Total incurred claims

\$ 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	106,684,352	99,962,820
2.2	Premium Denominator	106,684,352	99,962,820
2.3	Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4	Reserve Numerator	24,975,578	26,369,885
2.5	Reserve Denominator	24,975,548	26,369,885
2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 0

5.32 Medical Only

\$ 0

5.33 Medicare Supplement

\$ 0

5.34 Dental & Vision

\$ 0

5.35 Other Limited Benefit Plan

\$ 0

5.36 Other

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

IN COMPLIANCE WITH DC HEALTHY FAMILIES CONTRACT MEDICAID ENROLLEES ARE HELD HARMLESS

7.1 Does the reporting entity set up its claim liability for provider services on a service date base?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 1,852

8.2 Number of providers at end of reporting year

..... 1,937

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ 0

10.22 Amount actually paid for year bonuses

\$ 0

10.23 Maximum amount payable withholds

\$ 0

10.24 Amount actually paid for year withholds

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[X] No[]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such net worth.

District of Columbia

11.4 If yes, show the amount required.

\$ 4,621,785

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

Risk Based Capital

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
District of Columbia

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$ 0

13.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$ 0

FIVE-YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 26)	33,964,215	37,168,555	39,586,538	27,940,894	8,697,466
2. TOTAL Liabilities (Page 3, Line 22)	26,880,194	27,666,497	24,422,228	19,693,967	3,616,286
3. Statutory surplus	4,621,785	4,157,391	14,430,549	6,578,782	3,379,918
4. TOTAL Capital and Surplus (Page 3, Line 31)	7,084,022	9,502,058	15,164,310	8,246,927	5,081,179
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	106,684,352	99,962,821	104,923,788	62,458,717	31,849,764
6. TOTAL Medical and Hospital Expenses (Line 18)	101,413,149	99,048,544	90,577,574	53,464,966	26,928,431
7. Claims adjustment expenses (Line 20)	564,758	401,311	177,539	177,539	155,000
8. TOTAL Administrative Expenses (Line 21)	8,482,710	6,309,026	6,089,156	4,163,890	3,799,076
9. Net underwriting gain (loss) (Line 24)	(3,776,265)	(5,796,059)	8,079,519	4,652,322	967,256
10. Net investment gain (loss) (Line 27)	75,815	968,446	1,215,775	677,464	228,268
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(2,306,566)	(3,949,624)	6,508,356	3,167,035	694,560
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(964,985)	(4,143,489)	103,047,316	14,018,580	81,920
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	7,084,022	9,502,058	14,781,549	8,246,926	5,081,179
15. Authorized control level risk-based capital	4,621,785	4,155,765	4,296,912	3,289,391	1,689,959
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	39,314	38,906	38,056	39,160	13,408
17. TOTAL Members Months (Column 6, Line 7)	452,668	458,591	450,385	308,146	154,604
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	95.1	99.1	86.3	85.6	84.5
20. Cost containment expenses	0.1	0.1	0.2	0.3	
21. Other claims adjustment expenses	0.4	0.3			
22. TOTAL Underwriting Deductions (Line 23)	103.5	105.8	92.3	92.6	97.0
23. TOTAL Underwriting Gain (Loss) (Line 24)	(3.5)	(5.8)	7.7	7.4	3.0
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	24,703,846	18,724,692	16,007,583	3,030,152	2,737,620
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	26,369,885	21,956,626	17,930,562	3,179,557	2,870,863
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[X] N/A[]

If no, please explain::

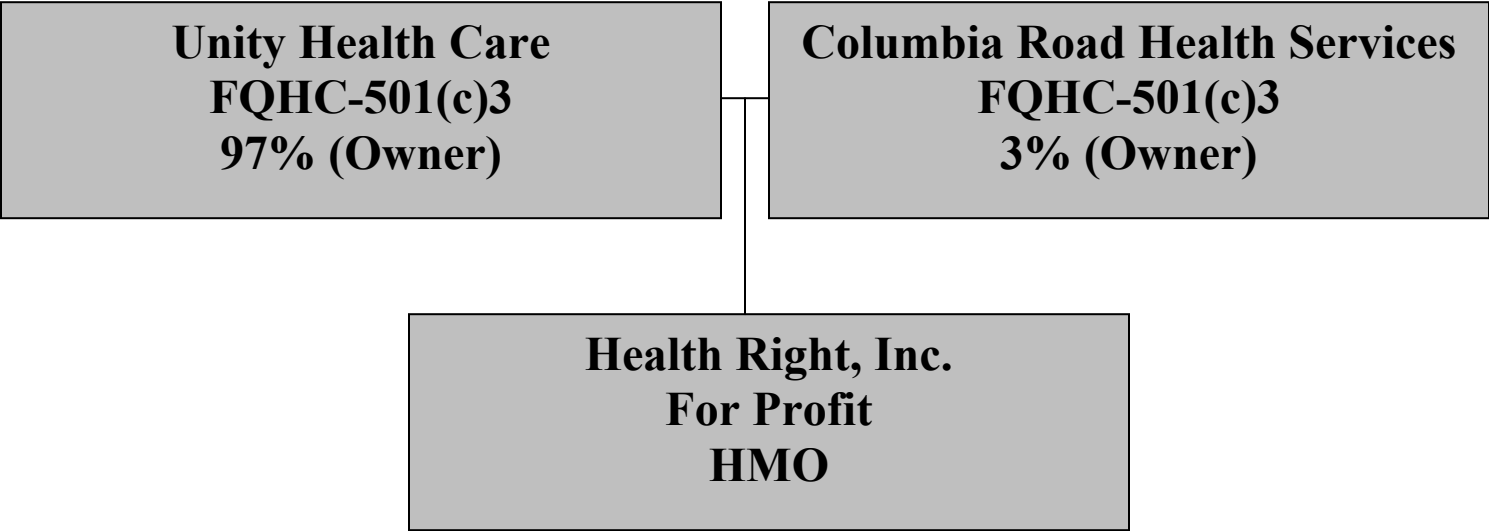
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	L	50,193,835		56,490,517				106,684,352	
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Marianas Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	50,193,835		56,490,517				106,684,352	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	(a) 1	50,193,835		56,490,517				106,684,352	
DETAILS OF WRITE-INS										
5801.		X X X								
5802.		X X X								
5803.		X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(a) Insert the number of L responses except for Canada and Other Alien.
Explanation of basis of allocation of premiums by states, etc.: The company only conducts business within the District of Columbia.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

HEALTH RIGHT, INC.
OWNERSHIP STRUCTURE



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